		NMOCC								
	NO. OF COPIES RECEIVED	l File								
	DISTRIBUTION		NEW MEXICO OIL CO	NSERVATION COMMISSION			Form (Form C-104		
 	ANTA FE		FOR ALLOW				Supersedes Old C-104 and C-1104			
-	FILE			AND			Effect	ive 1-1-65	•	
 	u.s.g.s.	AUTHOR	IZATION TO TRA	NSPORT OIL	_ AND NA	TURAL G	AS		•	
	LAND OFFICE	7.071.01.								
.	TRANSPORTER GAS /									
<u> </u>	OPERATOR J									
4. L	PRORATION OFFICE									
	Petroleum Consultants, Inc. Address									
	1420 Carlisle NE, Suite 202, Albuquerque, New Mexico 87110									
Ī	Reason(s) for filing (Check proper box)			Oth	er (Please e:	cp(ain)				
- 1	New Well	Change in T	Transporter of:	<u> </u>					İ	
	Recompletion	Oil	Dry Ga	— I						
	Change in Ownership	Casinghead	Gas Conden	nsate						
I	f change of ownership give name nd address of previous owner									
	DESCRIPTION OF WELL AND L	FASF								
	Legse Name	Well No. F	Pool Name, Including F	ormation	1	ind of Lease			Lease No.	
	Blakely	6	Escrito Ga	llup	S	tate, Federa	or Fee Fed	. NMO14	19964	
+	Location									
į	Unit Letter E; 2170 Feet From The North Line and 1120 Feet From The West									
Į	Line of Section 23 Township 24N Range 7W , NMPM, Rio Arriba County									
	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS or Condensate Address (Give address to which approved copy of this form is to be sent)									
ш.	Name of Authorized Transporter of Oil	or Cor	ndensate	Address (GW						
- 1	Plateau Incorporated				P. O. Box 108, Farmington, N. M. 87401					
1	PIATEAN, INCOLOR	rated		P. O. F	30x 108	, Farm	ington,	N. M.	87401	
	Plateau, Incorpo	rated Cas K	or Dry Gas	P. O. E	e address to	which appro-	ington,	s form is to b	87401 ne sent)	
ļ	Name of Ar Airt and Transporter of Car	And Constitution		Address (Giv	e address to	which appro-	ved copy of thi	s form is to b	e sent)	
	Name of Authorities Transporter of Ca	Care Comp	eny	Address (Giv	e address to	which appro	ved copy of thi	s form is to b	e sent)	
	Name of Ambrida Transporter of Car	Unit Sec.	Twp. Rge.	Address (Giv	e address to	which appro	ved copy of thi	s form is to b	e sent)	
	Name of Arbitish Transporter of Carling Well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.	Address (Giv	e address to	which appro-	ved copy of thi	s form is to b	e sent)	
	If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.	Address (Giv	e address to	which appro-	ved copy of thi	s form is to b	e sent)	
IV.	Name of Arbitish Transporter of Carling Well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.	Address (Giv	e address to	which appro-	ved copy of thi	s form is to b	e sent)	
IV.	If this production is commingled with COMPLETION DATA	Unit Sec. E 2 h that from any	Twp. Age. 23 24N 7W other lease or pool,	Address (Giv P	e address to	which appro-	en 11-17-	s form is to b	e sent)	
IV.	If this production is commingled with COMPLETION DATA Designate Type of Completion	Unit Sec. E 2 h that from any	Twp. Rge. 23 24N 7W 7 other lease or pool,	Address (Giv P	e address to Row 997 Ily connected S gling order to Workover	which appro-	en 11-17-	s form is to b	e sent)	
IV.	If this production is commingled with COMPLETION DATA	Unit Sec. E 2 h that from any	Twp. Rge. 23 24N 7W 7 other lease or pool,	Address (Give Is gas actual Yes	e address to Row 997 Ily connected S gling order to Workover	which appro-	en ll-17-	s form is to b	e sent)	
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BY_

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Geran J. Slaughter	100
(Signature) President	//
President	
(Title)	

6-25-74

OIL CONSERVATION COMMISSION

JUN 2 7 1374 APPROVED_ Original Signed by Emery C. Arnold

SUPERVISOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.